

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <b>10/031850</b>	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3		1			54						
5		3		1			55						
6		6		1			56						
7		6		1			57						
8		6		1			58						
9		6		1			59						
10		6		1			60						
11		6		1			61						
12		6		1			62						
13		6		1			63						
14		6		1			64						
15		6		1			65						
16		6		1			66						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL D.		1					TOTAL IND.						
TOTAL EP.		15					TOTAL DEP.						
TOTAL AIMS		16					TOTAL CLAIMS						